



General Assembly

January Session, 2009

***Raised Bill No. 6530***

LCO No. 3631

\*03631\_\_\_\_\_INS\*

Referred to Committee on Insurance and Real Estate

Introduced by:  
(INS)

***AN ACT CONCERNING THE ACCESSIBILITY AND EFFECTIVENESS  
OF CONSUMER REPORT CARDS AND TRANSPARENCY IN HEALTH  
INSURANCE CLAIMS DATA.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-478l of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2009*):

3 (a) Not later than March 15, 1999, and annually thereafter, the  
4 Insurance Commissioner, after consultation with the Commissioner of  
5 Public Health, shall develop and distribute a consumer report card on  
6 all managed care organizations. The commissioner shall develop the  
7 consumer report card in a manner permitting consumer comparison  
8 across organizations.

9 (b) The consumer report card shall be known as the "Consumer  
10 Report Card on Health Insurance Carriers in Connecticut" and shall  
11 include (1) all health care centers licensed pursuant to chapter 698a, (2)  
12 the fifteen largest licensed health insurers that use provider networks  
13 and that are not included in subdivision (1) of this subsection, [and] (3)  
14 information concerning mental health services, as specified in

15 subsection (c) of this section, and (4) in a separate section, the  
16 reimbursement rates, member utilization rates and payment and fee  
17 schedules for all Connecticut providers in each such health care  
18 center's provider network or such health insurer's panel for the fifty  
19 current procedural terminology codes most commonly performed by  
20 the physician, physician group or physician organization. The insurers  
21 selected pursuant to subdivision (2) of this subsection shall be selected  
22 on the basis of Connecticut direct written health premiums from such  
23 network plans.

24 (c) With respect to mental health services, the consumer report card  
25 shall include information or measures with respect to the percentage of  
26 enrollees receiving mental health services, utilization of mental health  
27 and chemical dependence services, inpatient and outpatient  
28 admissions, discharge rates and average lengths of stay. Such data  
29 shall be collected in a manner consistent with the National Committee  
30 for Quality Assurance Health Plan Employer Data and Information Set  
31 (HEDIS) measures.

32 (d) The commissioner shall test market a draft of the consumer  
33 report card prior to its publication and distribution. As a result of such  
34 test marketing, the commissioner may make any necessary  
35 modification to its form or substance. The Insurance Department shall  
36 prominently display a link to the consumer report card on the  
37 department's Internet web site.

38 Sec. 2. (NEW) (*Effective July 1, 2009*) (a) As used in this section:

39 (1) "Employer" means any person, firm, corporation, limited liability  
40 company, partnership or association actively engaged in business for  
41 at least three consecutive months who, on at least fifty per cent of its  
42 working days during the preceding twelve months, employed more  
43 than fifty full-time employees.

44 (2) "Governmental entity" means any political subdivision of this  
45 state.

46 (b) (1) Each insurer, health care center, hospital service corporation,  
47 medical service corporation or other entity delivering, issuing for  
48 delivery, renewing, amending or continuing in this state any group  
49 health insurance policy shall disclose to an employer or governmental  
50 entity insured under such policy, upon request by such employer or  
51 governmental entity, the following information for the most recent  
52 thirty-six month period or for the entire period of coverage, whichever  
53 is shorter, in a format as set forth in subsection (c) of this section:

54 (A) Aggregate paid claims experience incurred by such employer or  
55 governmental entity, including claims experience for medical, dental  
56 and pharmacy benefits, as applicable;

57 (B) Premiums paid by such employer or governmental entity by  
58 month; and

59 (C) The number of insureds by coverage tier by month, including,  
60 but not limited to, single, two-person and family including  
61 dependents.

62 (2) Such insurer, health care center, hospital service corporation,  
63 medical service corporation or other entity shall not be required to  
64 provide such information more than once in any twelve-month period.

65 (c) An insurer, health care center, hospital service corporation,  
66 medical service corporation or other entity as specified in subsection  
67 (b) of this section shall provide the information required under  
68 subsection (b) of this section: (1) In a written report; (2) through an  
69 electronic file transmitted by secure electronic mail or a file transfer  
70 protocol site; or (3) through a secure web site or web site portal that is  
71 accessible by an employer or governmental entity insured by such  
72 insurer, health care center, hospital service corporation, medical  
73 service corporation or other entity. All such information shall be  
74 complete and include all data available to such insurer, health care  
75 center, hospital service corporation, medical service corporation or  
76 other entity for the time period requested.

77 (d) Nothing in this section shall require an insurer, health care  
 78 center, hospital service corporation, medical service corporation or  
 79 other entity as specified in subsection (b) of this section to disclose any  
 80 information required to be kept confidential by law.

81 (e) Any claim information submitted to a governmental entity in  
 82 accordance with this section shall be confidential by law and  
 83 privileged and shall not be subject to disclosure under section 1-210 of  
 84 the general statutes, subject to subpoena, or subject to discovery or be  
 85 admissible in evidence in any private civil action, except that an  
 86 employee organization, as defined in section 7-467 of the general  
 87 statutes, that is the exclusive bargaining representative of the  
 88 employees of a governmental entity shall be entitled to receive claim  
 89 information from such governmental entity in order to fulfill its duties  
 90 to bargain collectively pursuant to section 7-469 of the general statutes.

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|---|------------------------|-------------|
| This act shall take effect as follows and shall amend the following sections: |                        |             |
| Section 1   | <i>October 1, 2009</i> | 38a-478l    |
| Sec. 2  | <i>July 1, 2009</i>    | New section |

***Statement of Purpose:***

To improve the consumer friendliness and accessibility of the consumer report card, to require insurers to disclose to an insured employer or governmental entity certain claims data upon request.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*